

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): John W. Polley

Examiner: Catherine A. Simone

Serial No.: 09/973,298

Group: Art Unit 1772

Filed: October 9, 2001

Docket: 1259-2

For: ERGONOMIC SURGICAL FLOORMAT

Dated: March 22, 2004

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL FORM

Sir:

Transmitted herewith is an amendment in the above-identified application.

☒ Small entity status of this application under 37 C.F.R. §§1.9 and 1.27 has been established by a verified statement previously submitted.

☐ A verified statement to establish small entity under 37 C.F.R. §§1.9 and 1.27 is enclosed.

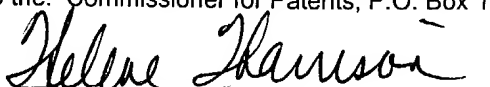
☒ No additional fee is required.

For	Claims Remaining After Amendment	Highest No. Previously Paid For	Present Extra	Rate (Small Entity)	Addit. Fee	Rate	Addit. Fee
TOTAL CLAIMS*	21	30	0	x 9 =	\$0	x 18 =	\$0
INDEPENDENT CLAIMS	3	6	0	x 42 =	\$0	x 84 =	\$0
<input type="checkbox"/> First Presentation of Multiple Dep. Claim				140		280	\$0

CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8(a)

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail, postpaid in an envelope, addressed to the: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 222313-1450 on March 22, 2004.

Dated: March 22, 2004


Helene Harrison

☐ Please charge Deposit Account No. 04-1121 in the amount of \$____. Two (2) copies of this sheet are enclosed.

☐ A check in the amount of \$____ is enclosed.

☒ Please charge any deficiency as well as any other fee(s) which may become due under 37 C.F.R. §§1.16 and/or 1.17 at any time during the pendency of this application, or credit any overpayment of such fee(s) to Deposit Account No. 04-1121. **TWO (2) COPIES OF THIS SHEET ARE ENCLOSED.**

Respectfully submitted,



Michael E. Carmen
Reg. No. 43,533
Attorney for Applicants

DILWORTH & BARRESE
333 Earle Ovington Blvd.
Uniondale, NY 11553
(516) 228-8484
MEC/bg